MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NR. 10/7512099   APPLICANT(S)   FILING DATE

CLAIMS

#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.	#	* IND.	DEP.	* IND.	DEP.	* IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		2-/					54						
5		3					55						
6		4-/					56						
7		/6					57						
8		/6					58						
9		/6					59						
10		25-/					60						
11		/6					61						
12	/						62						
13							63						
14		/					64						
15		2-/					65						
16		/2					66						
17		2-/					67						
18		/6					68						
19		/6					69						
20		/6					70						
21		/6					71						
22		/6					72						
23		/6					73						
24		/6					74						
25		4-/					75						
26		/6					76						
27		/ /					77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	25						TOTAL DEP.						
TOTAL CLAIMS	27						TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE
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